



GRAM STAIN WORKSHOP

SEPTEMBER 30, 2010

10 AM TO NOON

**UNIFIED STATE LABORATORIES: PUBLIC HEALTH
BUREAU OF LABORATORY IMPROVEMENT
4431 SOUTH 2700 WEST, TAYLORSVILLE UTAH**

PROGRAM DESCRIPTION

This course will present techniques, information and a practice session to aid in proper collection, processing, staining, examination and reporting of vaginal Gram stains for *Neisseria gonorrhea*. Participants will be able to enhance their microscopic skills, stain and examine slide preparations of known and unknown bacterial elements. The course is limited to 12 students. All equipment is provided.

PROGRAM OBJECTIVES

Following this course, participants should be able to:

- ▶ Describe proper specimen collection and processing for Gram staining.
- ▶ Perform Gram stains.
- ▶ Understand CLIA quality assurance and control requirements for Gram Stains.
- ▶ Clean and maintain a microscope.
- ▶ Identify gram negative / gram positive cocci and bacilli on a stained slide.

AGENDA

9:30	*Registration	10:30	*Microscope Use & Care
10:00	*Gram Stain Tutorial	10:45	*Staining and Microscopic Exams
10:20	* Quality Assurance / Quality Control	Noon	*Adjourn

WHO SHOULD ATTEND

This workshop is designed for laboratorians, nurses, nurse practitioners, certified nurse midwives, physicians and physician assistants performing Gram stains. The workshop will benefit anyone who desires a thorough review of basic Gram stain procedures.

FACULTY

Rebecca Christiansen, MT(ASCP)
State Training Coordinator

Dianne Whitlock, MT(ASCP)
Training Advisor

ADA

In compliance with the Americans With Disabilities Act, individuals needing special accommodations should notify the Bureau of Lab Improvement (801.965.2531) at least five days prior to the workshop.

UNIFIED STATE LABORATORIES: PUBLIC HEALTH
BUREAU OF LABORATORY IMPROVEMENT
WORKSHOP REGISTRATION

Program Title: **GRAM STAIN REVIEW (cost is \$15)**

Program Date: **September 30, 2010**

Application Deadline: **September 23, 2010**

Limited to first 12 applicants

Participant Name: _____

Email address: _____

Profession: _____
(MA, LPN, RN, MT, PA, NP etc.)

Job Title: _____

Laboratory: _____

Mailing Address: _____

City, Zip Code: _____

Phone number: _____

Fax number: _____

Payment: **Mail or bring payment only after receiving a confirmation of your enrollment.** We accept cash, check, credit card, money order or purchase order.

Workshop fee includes handouts and laboratory supplies. Please bring your lab coat (if you have one).

Email or fax the completed application to:
Rebecca Christiansen rchristiansen@utah.gov FAX 801.965.2544

If you have questions, please call Rebecca at 801.965.2531